

## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	1,3-SUBSTITUED CYCLOALKYL DERIVATIVES HAVING ACIDIC, MOSTLY HETEROCYCLIC GROUPS; PROCESSES FOR THEIR PREPARATION AND THEIR USE AS PHARMACEUTICALS
Application Type: regular, utility Attorney Docket Number: DEAV2003/0015 US NP	
Correspondence address: Customer Number: 005487 *005487*	
Continuing Data:  This is a Non-Provisional of US application number 60/487,566, filed 2003-07-15 , now Pending.	
Priority Data:  Doc.No: 10308351.0; Country - DE; Date: 2003-02-27 us-priority-claimed	
Inventors Information:  <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: DE Name prefix: Dr. Given Name: Jochen Family Name: GOERLITZER City of Residence: Frankfurt am Main Country of Residence: DE Address-1 of Mailing Address: Stegstrasse 60 Address-2 of Mailing Address: City of Mailing Address: Frankfurt am Main State of Mailing Address:	

Postal Code of Mailing Address: 60594

Country of Mailing Address: DE

Phone:

Fax:

E-mail:

Inventor 2:

Applicant Authority Type: Inventor

Citizenship: DE

Name prefix: Dr.

Given Name: Heiner

Family Name: GLOMBIK

City of Residence: Hofheim

Country of Residence: DE

Address-1 of Mailing Address: Am Lotzenwald 42

Address-2 of Mailing Address:

City of Mailing Address: Hofheim

State of Mailing Address:

Postal Code of Mailing Address: 65719

Country of Mailing Address: DE

Phone:

Fax:

E-mail:

Inventor 3:

Applicant Authority Type: Inventor

Citizenship: DE

Name prefix: Dr.

Given Name: Eugen

Family Name: FALK

City of Residence: Frankfurt

Country of Residence: DE

Address-1 of Mailing Address: Volklingerweg 15

Address-2 of Mailing Address:

City of Mailing Address: Frankfurt

**State of Mailing Address:****Postal Code of Mailing Address:** 60529**Country of Mailing Address:** DE**Phone:****Fax:****E-mail:****Inventor 4:****Applicant Authority Type:** Inventor**Citizenship:** DE**Name prefix:** Dr.**Given Name:** Dirk**Family Name:** GRETZKE**City of Residence:** Frankfurt**Country of Residence:** DE**Address-1 of Mailing Address:** Kaulbachstrasse 57**Address-2 of Mailing Address:****City of Mailing Address:** Frankfurt**State of Mailing Address:****Postal Code of Mailing Address:** 60596**Country of Mailing Address:** DE**Phone:****Fax:****E-mail:****Inventor 5:****Applicant Authority Type:** Inventor**Citizenship:** DE**Name prefix:** Dr.**Given Name:** Stefanie**Family Name:** KEIL**City of Residence:** Hofheim**Country of Residence:** DE**Address-1 of Mailing Address:** Am Kreishaus 12**Address-2 of Mailing Address:**

City of Mailing Address: Hofheim

State of Mailing Address:

Postal Code of Mailing Address: 65719

Country of Mailing Address: DE

Phone:

Fax:

E-mail:

Inventor 6:

Applicant Authority Type: Inventor

Citizenship: DE

Name prefix: Dr.

Given Name: Hans-Ludwig

Family Name: SCHAEFER

City of Residence: Hochheim

Country of Residence: DE

Address-1 of Mailing Address: Steingasse 7

Address-2 of Mailing Address:

City of Mailing Address: Hochheim

State of Mailing Address:

Postal Code of Mailing Address: 65239

Country of Mailing Address: DE

Phone:

Fax:

E-mail:

Inventor 7:

Applicant Authority Type: Inventor

Citizenship: DE

Name prefix: Dr.

Given Name: Christian

Family Name: STAPPER

City of Residence: Mainz

Country of Residence: DE

Address-1 of Mailing Address: Wallaustrasse 53

**Address-2 of Mailing Address:****City of Mailing Address:** Mainz**State of Mailing Address:****Postal Code of Mailing Address:** 55118**Country of Mailing Address:** DE**Phone:****Fax:****E-mail:****Inventor 8:****Applicant Authority Type:** Inventor**Citizenship:** DE**Name prefix:** Dr.**Given Name:** Wolfgang**Family Name:** WENDLER**City of Residence:** Selters**Country of Residence:** DE**Address-1 of Mailing Address:** Haintchener Str. 12a**Address-2 of Mailing Address:****City of Mailing Address:** Selters**State of Mailing Address:****Postal Code of Mailing Address:** 65618**Country of Mailing Address:** DE**Phone:****Fax:****E-mail:****Attorney Information:**

practitioner(s) at Customer Number:

005487

\*005487\*

as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

**Organization Name:** Aventis Pharma Deutschland GmbH  
**Address-1 of Mailing Address:** Brtrasse 50  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Frankfurt  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** 65926  
**Country of Mailing Address:** DE  
**Phone:** 908-231-2965  
**Fax:** 908-231-2626  
**E-mail:** barbara.kurys@aventis.com